



U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE)

TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO. 2345/86	APPLICATION SERIAL NO. 09/381,056	EXAMINER Courtney D. Fields	ART UNIT 2137
-----------------------	--------------------------------------	-----------------------------------	------------------

APPLICANT(S):
Paul MERTES; Werner METTKEN

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop RCE

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date: January 14, 2005

Signature: [Signature]
Linda M. Shudy (Reg. no. 47,084)

This is a **Request for Continued Examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 09/381,056 having a filing date of September 30, 2004, entitled METHOD FOR GENERATING ASYMMETRICAL CRYPTOGRAPHIC KEYS BY THE USER.

The following constitute(s) the submission **required** by 37 C.F.R. § 1.114(a) and is (are) attached:
☐ Information Disclosure Statement (as per 37 C.F.R. § 1.114(c)) (attached).
☒ Other Submission: Amendment

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$ PER CLAIM	FEE (\$)
BASIC FEE						790.00
TOTAL CLAIMS	6	20	20	0	50.00	0.00
INDEPENDENT CLAIMS	2	3	3	0	200.00	0.00
01/24/2005 HASFAW1 00000042 110600 09381056 01 FC:1801 790.00 DA				*Number extra must be zero or larger	TOTAL	790.00

U.S. Patent App. Ser. No. 09/381,056

2. The Commissioner is hereby authorized to charge the required RCE and Submission filing fee of **\$790.00** to the deposit account number **11-0600** of **Kenyon & Kenyon**.
3. An extension of time is requested. The Commissioner is hereby authorized to charge payment of **\$2160.00** associated with the extension of time to the deposit account number **11-0600** of **Kenyon & Kenyon**.
4. The Commissioner is hereby authorized, as necessary and/or appropriate, to charge payment of the fees (including any additional and/or extension fees) required, associated with this communication or arising during the pendency of this application, and/or to credit any overpayment, to the deposit account number **11-0600** of **Kenyon & Kenyon**.
5. **Three duplicate copies** of this Transmittal Form are enclosed for the above purposes.

Respectfully submitted,

By [Signature]
Reg No 47084

Dated: January 14, 2005

By: [Signature]
Richard L. Mayer (Reg. No. 22,490)

KENYON & KENYON
One Broadway
New York, New York 10004
(212) 425-7200 (telephone)
(212) 425-5288 (facsimile)

CUSTOMER NO. 26646